

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 29  
Registered No. 245

## 1. PLACE OF BIRTH

County Okla State Arizona  
Township Claypool or Village  
City Lawrence No. Edward St. Valley Ward

## 2. Full name of child.

3. Sex male If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Premature. Full term. 7. Legitimacy yes 8. Date of birth Dec 5, 1932  
(Month, day, year)9. Full name Arthur Lloyd Ellis FATHER18. Full maiden name Lola Gretchen Walker MOTHER10. Residence (usual place of abode) (If nonresident, give place and State) Miami Fla19. Residence (usual place of abode) (If nonresident, give place and State) Miami Fla11. Color or race wh 12. Age at last birthday 30 (Years)20. Color or race wh 21. Age at last birthday 17 (Years)13. Birthplace (city or place) (State or country) California22. Birthplace (city or place) (State or country) Shawnee Okla14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. NV15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. not employed

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 028. If stillborn, period of gestation months 29. Cause of stillbirth Before labor  
(or weeks) During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P m. on the date above stated  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles E. Swin, M.D.or M.D. Swin MidwifeAddress Miami FlaFiled Dec 6, 1932, C. E. Swin

Registrar

Registrar

Given name added from a supplemental report. (Date of) 378-1205-359MARTIN RESEAL ED FOR READING  
NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and number of each child stated.